



PW7: Certificate of Occupancy /
Letter of Completion Folder
Review Request

Must be typewritten

DEPT BLDGS Job No. 520258836



Scan Code ESHS7975059

1	Location Information
House No(s) 500 Street Name Lincoln Avenue Work Proposed on Floor No(s) OSP, Bsmt,001,002	
Borough Staten Island Block 3819 Lot 28 BIN 5054810 CB No. 502	

2	Requestor Information
Individuals Relationship to Job (example: applicant, owner filing representative)	
Last Name Arckhipova/ Sandoval First Name Anna/ Luis Middle Initial A	
Business Name Sanark Design Group Business Telephone (718)819-7589	
Business Address 32 Richmond Terrace, Suite 102 Business Fax (646)810-0006	
City Staten Island State NY Zip 10301 Mobile Telephone	
E-Mail sanarkdesigngroup@gmail.com License Number 4505/ 4006	

3	Type of Request Choose one.
☐ Letter of Completion (Directive 14 or Non-Directive 14)	
☐ TCO - Temporary Certificate of Occupancy (Borough Commissioner's Office may be required. All requirements must be fulfilled before a TCO will be issued) 3A	
☐ Renewal of TCO - Temporary Certificate of Occupancy (Borough Commissioner's Office approval may be required. All requirements must be fulfilled before a TCO will be issued) 3A	
☒ Final Certificate of Occupancy 3A	
3A ☐ Change of address, block/lot, metes and bounds only (28-118.16.2)	

4	Comments If additional space is required, write "see A1-1" here and submit a completed A1-1 form with this request.

5	Statements and Signatures
By signing below, I understand that all the information provided is true to the best of my knowledge and that falsification of any statement is a misdemeanor under § 26-124 of the NYC Administrative Building Code and punishable by a fine or imprisonment, or both. It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine, or both.	
Requestor Signature Date 06-14-2017	

Borough Commissioner's Office TCO Authorization Do not write in this section.	
Comments:	
Authorized Name (please print)	☐ Approved ☐ Disapproved
Authorization Signature (if approved only)	Date

Disapproval Reasons Review request cannot be processed for the following reasons:	
☐ Fees unpaid ☐ Open ECB/DOB Violation(s) ☐ Incomplete PAA ☐ Audit Conditions Pending / Job on Hold	
☐ Missing inspection Sign-off(s): ☐ Construction ☐ Plumbing ☐ Electrical ☐ Other: _____	
☐ Missing Required item(s): _____ ☐ TR-1 Error(s): _____	
☐ Form(s) missing/incomplete: Form(s) _____ Section(s)/Reason(s) _____	
☐ Other: _____	

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